



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## HEALTH SPA PERMIT APPLICATION FORM

Annual Application fee: \$100.00 (Non-refundable)

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Name of Facility that is the subject of this application (if different)

\_\_\_\_\_  
Date of Application

### OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Approved: \_\_\_\_\_

Exempt from surety: \_\_\_\_\_

Denied: \_\_\_\_\_

Expiration: \_\_\_\_\_

Please mark the appropriate box:

☐ INITIAL  
APPLICATION

☐ RENEWAL  
APPLICATION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed application form and fee to:

Department of Commerce  
Division of Consumer Protection  
160 East 300 South  
SM Box 146704  
Salt Lake City, Utah 84114-6704

**NOTE:** Registration is effective for one year as required by law. If the health spa facility renews its registration, the registration shall be renewed at least 30 days prior to its expiration.

May2001

1. Applicant's Name: \_\_\_\_\_

2. Name of Applicant's Facility that is the subject of this application (if different): \_\_\_\_\_

3. Applicant's Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number

Facsimile Number

4. Facility Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number

Facsimile Number

5. Provide the following information for Applicant's contact person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

6. Do you own additional health spa facilities? ☐ Yes ☐ No

If yes, please list the name, address and telephone number of each additional health spa facility.

\_\_\_\_\_  
Name Address Telephone Number

\_\_\_\_\_  
Name Address Telephone Number

7. Please explain the current pricing structure for membership services. Or, if available, you may attach a copy of a brochure or other publication that describes the pricing structure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Provide the number of existing membership contracts that relate to this facility: \_\_\_\_\_.

9. Please attach a copy of the contract to be used by the facility. To assist the registration process, please highlight the following terms which are required on all contracts:

- a. The date of the transaction;
- b. The name and address of the health spa facility;
- c. The name, address and telephone number of the member;
- d. The three-day right-of-rescission (this is required if contracts are sold prior to the opening of the facility);
- e. The specific equipment or services that are subject to deletion or change at the discretion of the facility;
- f. A provision, printed in capital letter which reads substantially as follows: "IN THE EVENT THE HEALTH SPA FACILITY CLOSES AND ANOTHER HEALTH SPA FACILITY OPERATED BY THE SELLER, OR ASSIGNS OF THE SELLER, OF THIS CONTRACT IS NOT AVAILABLE WITHIN A TEN (10) MILE RADIUS OF THE LOCATION THE MEMBER INTENDS TO PATRONIZE, SELLER WILL REFUND TO MEMBER A PRORATA SHARE OF THE MEMBERSHIP COST, BASED UPON THE UNUSED MEMBERSHIP TIME REMAINING ACCORDING TO THE CONTRACT."; and
- g. The dollar value (this is required to be clearly stated on the face of the contract).

10. Surety requirement.

- a. Please mark the appropriate box indicating the type of surety being provided in satisfaction of U.C.A. § 13-23-5.

☐ Bond                      ☐ Letter of credit                      ☐ Certificate of Deposit

- b. Please attach to the application the required performance bond, irrevocable letter of credit or certificate of deposit from a Utah depository payable to the **DIVISION OF CONSUMER PROTECTION/STATE OF UTAH**. To determine the amount of the bond, letter of credit or certificate of deposit, please see the schedule set forth in U.C.A. § 13-23-5. Annual renewals of bond, letter of credit or certificate of deposit shall be filed with the Division at least 30 days in advance of the first health spa sale or attempt to sell.
- c. If a bond is being submitted, please indicate the following:

Amount of bond, letter of credit or certificate of deposit:

Date of bond: \_\_\_\_\_ Bond expires: \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

Address of Surety Company: \_\_\_\_\_

Telephone and fax number of Surety Company: \_\_\_\_\_

Registered on Treasury list: ☐ Yes    ☐ No

d. If a letter of credit or certificate of deposit is being submitted, please indicate the following:

Date of letter of credit:\_\_\_\_\_ Letter of credit expires: \_\_\_\_\_

Date of certificate of deposit:\_\_\_\_\_ Certificate of deposit expires: \_\_\_\_\_

Name of Utah Bank: \_\_\_\_\_

Address of Utah Bank: \_\_\_\_\_

Telephone and fax number of Utah Bank:\_\_\_\_\_

NOTE: If the facility is claiming to be exempt from the surety requirement pursuant to U.C.A. §13-23-6, it must satisfy the following statutory requirements:

1. The facility must not offer paid-in-full memberships. The memberships can only be paid for by installment contract;
2. Each membership contract must contain the following clause: "If this health spa ceases operation and fails to offer an alternate location within 10 (ten) miles, no further payments under this contract shall be due to anyone, including any purchaser of any note associated with or contained in this contract."
3. All payments due under each contract, including down payments, enrollment fees, membership fees, or any other payments to the health spa, must be in equal monthly installments spread over the entire term of the contract.
4. The term of each contract must be clearly stated and must not be capable of being extended.

11. Provide the following information for Applicant's Registered Agent:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number Facsimile Number

By signing this application, the undersigned certifies that the information provided herein is true and correct.

DATED: \_\_\_\_\_

APPLICANT:

BY \_\_\_\_\_  
ITS